

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/763421**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3	1		1		1		53						
4		21		1			54						
5		12		1			55						
6		11		1			56						
7		12		1			57						
8		11		1			58						
9		12		1			59						
10		21		1			60						
11		12		1			61						
12		11		1			62						
13		12		1			63						
14		21		1			64						
15		12		1			65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	13		13		23		TOTAL DEP.						
TOTAL CLAIMS	15		15		25		TOTAL CLAIMS						